SEC
FORM Diail Processing
Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

MAT 0 5 ZUUB

FORM D

Washington, DC 105

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

14344	
OMB APPRO	VAL
OMB Number:	3235-0076
Expires:	
Estimated average	burden
hours per response	16.00

SEC USE ONLY

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION	ON L
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	د!
1. Enter the information requested about the issuer	E MAY 072008
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) RepconStrickland, Inc.	THOMSON REUTERS
Address of Executive Offices (Number and Street, City, State, Zip Code) Tel	lephone Number (Including Area Code)
1605 S. Battleground Road, La Porte, Texas 77571 (281)	478-6200
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	elephone Number (Including Area Code)
Brief Description of Business	
To act as a holding company for refinery service businesses	1 (FEW ENDINATION END AND AND AND AND AND AND AND AND AND A
Type of Business Organization corporation	08049701

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Superior & But to the work			A. BASIC ID	ĔŊŢĨ	FIGATION DATA				And the second s
2. Enter the information r	equested for the fo	llowing:							
 Each promoter of 	the issuer, if the is	ssuer has	been organized w	ithin/	the past five years;				
 Each beneficial ov 	mer having the pov	ver to vo	te or dispose, or di	rect th	ne vote or disposition	of, 10	% or more o	facla:	ss of equity securities of the issuer.
 Each executive of 	ficer and director o	of corpor	rate issuers and of	corpo	erate general and ma	naging	partners o	f partn	ership issuers; and
Each general and it	managing partner	of partne	rship issuers.						
Check Box(es) that Apply;	Promoter	 ■ E	Seneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, AltairStrickland Group, Ir									
Business or Residence Addre 1605 S. Battleground Ro		-	•	ode)					
Check Box(cs) that Apply:	Promoter	[] B	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	f individual) .				 -				•
Texas Turnaround LLC									
Business or Residence Addre	ss (Number and	Street, C	City, State, Zip Co	de)					
200 Clarendon Street, 55	h Floor, Boston	, Massa	achusetts 0211	7					
Check Box(es) that Apply:	Promoter	Z] B	eneficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Strickland, Jerry R., Co-F	•	hairmar	of Board of Dir	ecto	rs of RepconStric	kland,	inc.		
Business or Residence Addre	ss (Number and	Street, C	City, State, Zip Co	dc)					
1605 S. Battleground Roa	ad, La Porte, TX	77571							
Check Box(es) that Apply:	Promoter	В	eneficial Owner	7	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Parker, Robert E., Co-Pre	sident, Co-Chie	f Execu	itive Officer and	Dire	ctor of RepconStr	icklar	nd, Inc.		
Business or Residence Addre	ss (Number and	Street, C	City, State, Zip Co	de)	-,				
7501 Up River Road, Co	rpus Christi, Tex	cas 784	109						•
Check Box(es) that Apply:	Promoter	□В	eneficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, it Webber, Jeffrey, Co-Pres	•	Execut	tive Officer and	Direc	ctor of RepconStri	cklan	d, Inc.		
Business or Residence Addre 1605 S. Battleground Roa				de)					
Check Box(es) that Apply:	Promoter	□ Ве	eneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, it Crosby, Kevin, Director o		and, Inc		•					
Business or Residence Addres 200 Clarendon Street, 55	•	•	• • • •	•	·				
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Revers, Daniel R., Direct	or of RepconStri	ickland,	Inc.						
Business or Residence Addres 200 Clarendon Street, 55	-		•						
	(Use blar	nk sheet,	or copy and use a	dditio	onal copies of this sh	icct, as	necessary)	· · · · · · ·	

24 J. S.			A BASIC ID	ENTIFICATION DATA		The state of the s
2. Enter th	e information	requested for the fo	llowing:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
• Eac	ch promoter of	the issuer, if the is	sucr has been organized v	within the past five years;		
• Eac	ch beneficial o	wner having the pov	ver to vote or dispose, or di	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
• Eac	ch executive of	fficer and director of	of corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
• Eac	ch general and	managing partner	of partnership issuers.			
Check Box(es	s) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner
•	ast name first,	·- ·				
		ctor of RepconSt				
			Street, City, State, Zip C n, Massachusetts 021			
Check Box(es	that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (La	ast name first,	if individual)				
Christine M	iller, Director	of RepconStrick	tand, Inc.		_	
		-	Street, City, State, Zip C	·		
200 Clarend	on Street, 55	th Floor, Boston	, Massachusetts 0211	7		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (La	ast name first,	if individual)				
Business or R	esidence Addr	css (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (La	ast name first,	if individual)			·	
Business or R	esidence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (La	ist name first,	if individual)				
Business or R	esidence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer.	Director	General and/or Managing Partner
Full Name (La	st name first,	if individual)		· - · · · · · · · · · · · · · · · · · ·		
Business or Re	esidence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es)) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (La	st name first,	if individual)				——————————————————————————————————————
Business or Re	esidence Addre	ss (Number and	Street, City, State, Zip Co	de)		·

3,4	, 3 G . S.	Service of	650 36 2 00	، د	B.	NEORMAT	ION ÁBO	IT OFFER	ŊĠ.		72.5-1	#	
1	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No	
•.	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	· · · · · · · · · · · · · · · · · · ·											s 16	5,000.00
	2. That is the minimum investment that will be accepted from any individual?											Yes	No
3.	Does th	e offering	permit joir	it ownersh	ip of a sing	gle unit?		••••••		•••••	•••••		
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											C	
Full	l Name (Last name	first, if ind	lividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of As	sociated B	roker or Do	alcr			.				·····	·····	
Stat	es in Wi	nich Person	n Listed Ha	s Solicited	or Intend	to Solicit	Purchasers	 -		<u> </u>		· ·····	····
	(Check	"All State	s" or check	individua	l States)	·····	**************	••••••		••••••	***************************************	☐ Al	ll States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (Last name	first, if ind	ividual)				· · · · · · · · · · · · · · · · · · ·					
Bus	iness or	Residence	Address (Number an	d Street, C	City, State,	Zip Code)						
Nan	ne of Ass	sociated Br	roker or De	alcr									
Stat	es in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·			
	(Check	"All State:	s" or check	individual	States)	***************************************	••••••		·····			□ v _I	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Fụll	Name (I	Last name	first, if ind	ividual)							•	•	
Busi	iness or	Residence	: Address (I	Number an	d Street, C	ity, State,	Zip Code)	<u></u>					
Nam	se of Ass	ociated Br	oker or De	aler		 	***			<u></u>			
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<u>-</u> .			
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										☐ A1	l States	
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	SES AND USE OF PROCEEDS	
 Enter the aggregate offering price of securities included in this offering and the to sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchain this box and indicate in the columns below the amounts of the securities offered already exchanged. 	nge offering, check	
Type of Security	Aggregate Offering Price	Amount Aiready Sold
	•	bola
Debt		<u></u>
Equity		. 2
☑ Common ☐ Prefe	•	_
Convertible Securities (including warrants)		
Partnership Interests		
Other (Specify)		
Total	\$_207,000,500.0	\$ 0.00
Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchase offering and the aggregate dollar amounts of their purchases. For offerings under the number of persons who have purchased securities and the aggregate dollar purchases on the total lines. Enter "0" if answer is "none" or "zero."	Rule 504, indicate	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	24	\$_287,000,500.00
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		s
Answer also in Appendix, Column 4, if filing under ULOE.		
 If this filing is for an offering under Rule 504 or 505, enter the information requests sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) n first sale of securities in this offering. Classify securities by type listed in Part 	nonths prior to the	
Torre of Official	Type of	Dollar Amount
Type of Offering	Security	Sold
Rule 505		3
Regulation A		3
Rule 504		\$ \$ 0.00
Total a. Furnish a statement of all expenses in connection with the issuance and securities in this offering. Exclude amounts relating solely to organization exper The information may be given as subject to future contingencies. If the amount o not known, furnish an estimate and check the box to the left of the estimate.	distribution of the nses of the insurer.	3_0.00
Transfer Agent's Fees		s
Printing and Engraving Costs	—	\$
Legal Fees	~	\$ 1,080,708.00
Accounting Fees	_	\$ 473,600.00
Engineering Fees		s
Sales Commissions (specify finders' fees separately)	_	s
Other Expenses (identify) Financing Fees and Other Consultants' Fees		\$ 4,108,229.00
Total		s 5,662,537.00

- <u>.</u> ;	C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE O	F.PROCEEDS.	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	oss	\$281,337,963.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used to each of the purposes shown. If the amount for any purpose is not known, furnish an estimate a check the box to the left of the estimate. The total of the payments listed must equal the adjusted group proceeds to the issuer set forth in response to Part C — Question 4.b above.	nd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$_7,002,500.{	
	Purchase of real estate	🗀 \$	
	Purchase, rental or leasing and installation of machinery and equipment	[S	
	Construction or leasing of plant buildings and facilities	🗀 S	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$ <u>133,313,761</u>	· 🗆 \$
	Repayment of indebtedness	🗆 \$	\$ 70,484,006.00
	Working capital		
	Other (specify): Exchange of membership interests in AltairStrickland Holdings LLC for	\$_55,855,696.	c
	stock of RepconStrickland, Inc.		
		🔲 \$	
	Column Totals	s 210,853,957	\$_70,484,006.00
	Total Payments Listed (column totals added)	🔲 \$ <u>28</u>	1,337,963.00
} * ()	Defederal signature	ALL TO SEE	The state of the s
sigi	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuapt to paragraph (b)(2) o	nission, upon writter	
Issu	uer (Print or Type)	Date	
	pconStrickland, Inc.	5-1-6	98
	ne of Signer (Print or Type) Jitle of Signer (Print or Type) y R. Strickland President	·	

- ATTENTION -

	E STATE SIGNATURE	, ii.	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	ed a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informati issuer to offerees.	on furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entillimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf norized person.	by the	undersigned
Issuer (P	rint or Type) Signature Date		
Repcons	Strickland, Inc. 5-1-0	8	
Name (P	rint or Type) (Title (Print or Type)		
Jerry R.	Strickland President		

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

4 2			Carrie 1 Haylan	S NEED A	PPENDIX · *				. 50 ,20	
1	Intend to non-a investor	2 I to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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AK										
ΑZ										
AR										
CA		,								
со										
СТ										
DE								[]		
DC										
FL		***************************************						[
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IN										
IA										
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KY	177 A AMERICA V 48									
LA		X	Common stock,	1	\$275,000.0				X	
ME										
MD										
МА		X	Common stock,	1	\$193,130,00		٠		X	
МІ			, =							
MN										
MS		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								

1					ENDIX ** 3			- M , m	
	Intend to non-a investor	to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
МТ									
NE									
NV									
NH									
NJ									
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ΝΥ									
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TX		X	Common stock,	22	\$93,595,500				X
UΤ									
VT									,
VA			i				-		
WA									
wv									
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	APPENDIX:											
1		2	3		5 Disqualification under State ULOE							
	to non-a investor	to sell accredited is in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	· No			
WY												
PR												